

## Timber Ridge Ski Trip RSVP

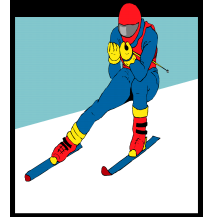
Return this RSVP with the parent consent and release form and check payable to Trinity School by Friday, February 4.

Student's name \_\_\_\_\_

Driver/chaperon's name \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Ski rental: Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Shoe size \_\_\_\_\_



### Parent Consent and Release Form

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the trip to Timber Ridge Ski Area.

In the event of a medical emergency, I authorize my child's chaperon to act on my behalf in providing, arranging and consenting to medical care.

I understand that Trinity School does not provide insurance coverage for field trips. Therefore, I assume responsibility for any medical expense, personal injury or other loss sustained by my child, and I agree to hold harmless and indemnify Trinity School at Greenlawn, the Center for Christian Studies, Inc., and the People of Praise, Inc. and their agents, which includes but is not limited to, chaperons and drivers, whether adult or minor, from any loss or liability.

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Family physician \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child have any allergies or special medications or medical conditions? \_\_\_\_\_

Name and number of parent/guardian who may be reached in case of emergency: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_